

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027615

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 68

Primary Registration District No. 5266

Registrar's No. 46

FILED AUG 5 1963

VS 300
Rev. 4/59

1 0220

2 0220

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4 0

5 1

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7 1

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9 154X

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11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Finley Township</u>		Length of stay in 1b <u>13 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>6 miles South of Ozark</u>	
3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>Willard</u> Last <u>Reiher</u>		4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/8/1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy & Stockman</u>	
13a. FATHER'S NAME <u>John Reiher</u>		13b. MOTHER'S MAIDEN NAME <u>Magdalene (Unknown)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates) <u>Merchant Marines WW One</u>		17. INFORMANT <u>Mrs. Susie Reiher, Star Route, Ozark, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adeno-Carcinoma Rectum</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>DUE TO (b)</u> <u>DUE TO (c)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1960</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:00</u> a.m. <u>7:00</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Ozark, Missouri</u>	
21. I attended the deceased from <u>10-2-57</u> to <u>7/28/63</u> and last saw him alive on <u>7/25/63</u> Death occurred at <u>7:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Ozark, Missouri</u>	
22a. SIGNATURE (Degree or title) <u>John Harris</u>		22c. DATE SIGNED <u>7/31/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 31, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Selmon Cemetery</u>	
24. FUNERAL DIRECTOR <u>John Harris</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 1, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mary Kaufman</u>		27. LOCATION (City, town, or county) <u>Ozark, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

J. Alan Harris

Licensed Embalmer No. _____

4390

P. O. Address _____

Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained July 29, 1963. M.K.